

SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY

5400 Broad River Road Columbia, South Carolina 29212-3540 Attention: Certification Department Phone: (803) 896-7802 Fax: (803) 896-7803



PERSONNEL CHANGE IN STATUS - HIRE FORM

Reporting Department	Telephone #	Today's Date
		☐ Male
Officer's Name (First MI. Last)	SS# or Academy I.D.#	☐ Female
Date of Hire	Date of Birth	Race
Driver's License Number	Issuing State	
PLEASE CHECK ONE:	Class 1 LE Class 3SLE (Limited Duty) Reserve Appointment	Class 2LCO (Jailer) Class 1LECO (LEO/Jailer) Coroner Deputy Coroner
Commissioning Agency		 Date
AFFIDAVIT OF BACKGROUND INVESTIGATION I hereby attest that I have conducted a complete background investigation on the above officer. Below is a list of th officer's former law enforcement agencies contacted for terms of separation:		
Date Contacted Agency	v(s)	Contact Person
which would render the officer uncer application for certification.		g Act, Section 23-23-60 and I hereby mak
influence of alcoholic beverages or manslaughter, or leaving the scene WERE NOT FOUND (no Driv		
Signature of Investigating Officers	(Sign)	(Print Name)
Authorizing Signature for Depart	ment (Print Name)	Date.
Sworn to and subscribed before mday of		
Signature of Notary Public for South	Carolina Pr	int Name
My commission expires:		